



Print and Return Completed Form To: Department of Public Safety  
Crash Reports  
P O Box 1471  
Montgomery AL 36102-1471

Print your name and address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to purchase a copy of the Alabama Uniform Traffic Crash Report please complete the section below and return this letter with \$15.00 in the form of a cashier's check, certified check, or money order made payable to the Alabama Department of Public Safety.

**NO PERSONAL CHECKS WILL BE ACCEPTED. DO NOT SEND CASH.**

**Return request with self-addressed envelope.**

Driver's Full Name	Date of Birth	Driver License Number

County of Accident: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Street or Highway #: \_\_\_\_\_

Names of Fatalities (If any occurred): \_\_\_\_\_

\_\_\_\_\_